

CITY OF READING, PENNSYLVANIA

CITY COUNCIL ROOM 2-24 815 WASHINGTON STREET READING, PA 19601-3690 (610) 655-6204

FAX: (610) 655-6697 TDD: (610) 655-6442

SUPPLEMENTAL STATEMENT OF FINANCIAL INTEREST

INSTRUCTIONS: Please type or print legibly. This form supplements the Statement of Financial Interest form issued by the State Ethics Commission.

Commission.	4			
Cituk	David		M.	
01 Last name	First name		Middle initial	
321511th S	Address City	PA		
02 Residence Street	Address City	State	Zip Code	
City Audit		62	55-6123	
	3		ne Number	
321511 5	treet Reading	PA	19602	
your spouse, or an The undersigned hereby a knowledge, information a C.S.A. s4904 (unsworn fa	NTERESTS: List the address of an experience of your immediate farmation that the foregoing information belief, said affirmation being alsifications to authorities).	nily have any ation is true ar made subject	ownership interest. Id correct to the best to the penalties pres	of said persons
Signature Dawd	M. Cituk	Date _	3-6-15	
ALL statements of Financhours. Revised 4/00	cial Interest are available for pub	1 0 25 00 11	and copying during the CEIVE DAR (19 7015) MAR (19 7015)	regular office

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/15

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

PLEASE PRINT NEATLY

01	LAST NAME CITUK DAVID MI SUFFIX MM SUFFIX								
02	ADDRESS office (business or governmental) or home City Reading State Zip Code Area Code Phone PA 1960 2 (410) 455-6123								
N	OTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.								
03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)								
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filing as a solicitor block if you are amending an original filing								
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)								
Α	CITY AUDITOR								
1	seeking hold held								
В	PENSION BOARD MEMBER								
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)								
Α	CITY OF READING								
В	CITY OF READING								
06	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR Indicate calendar year for which form is being filed. SEE INSTRUCTIONS.								
	AUDITOR 2014								
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.								
09	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box.								
	Nams: Address: Interest Rate								
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)								
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11	GIFTS (See instructions on page 2) If NONE, check this box.								
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12	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address)								
13	OFFICE, DIRECTORSHIP, OR EMPLOYMENT IN ANY BUSINESS (See instructions on page 2) If NONE, check this box. Business Entity (Name and Address) Position Held								
	Name: Address:								
14	FINANCIAL INTEREST IN ANY LEGAL ENTITY IN BUSINESS FOR PROFIT (See instructions on page 2) If NONE, check this box. Interest Held								
15	BUSINESS INTERESTS TRANSFERRED TO IMMEDIATE FAMILY MEMBER (See instructions on page 2) If NONE, check this box. Business (Name and Address) Interest Held Relationship								
The	Transferee (Name and Address) Undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject								
	ne penalties prescribed by 18 Pa.C.S. \$4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. \$1109(b).								
	Signature Daniel 11. Crluk Enter Current Date 3-6-15								
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.								

COMMONWEALTH OF PENNSYLVANIA SEC-1 REV. 01/15

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

PLEASE PRINT NEATLY

01	LAST NAME	K							FIRST			10					MI M	SUF	FIX
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City of Reading

Campaign Finance Disclosure Statement

City of Reading Code of Ethics Section 12 Campaign Contributions & Reporting Requirements mandates that candidates submit a Campaign Disclosure Statement "whenever a Candidate, treasurer of a Candidate Political Committee, or other representative of a Candidate Political Committee files a required report of receipts and expenditures with the Berks County Board of Elections and/or Secretary of the Commonwealth as required by the Pennsylvania Election Code (25 P.S. §§3241, et seq.), or other applicable laws or regulations, such person shall at the same time file with the City Clerk, a copy of all information set forth in such report(s), in that format mandated by the Board of Ethics. Such filing with the City Clerk shall be accompanied by a written statement, signed by the person making the filing that subscribes and swears to the information set forth in such filing."

Please attach a copy of the Campaign Finance Disclosure Statement as submitted to the Berks County Board of Elections.

I verify that the information in this Campaign Finance Disclosure Statement and attached report of receipts and expenditures are true and correct.

David M. Cituk

David M. Citok

Signature

3/27/15-

DECEIVED

MAR 27 yours

BY: Mko-ke

SEC-1 REV. 01/15

STATEMENT OF FINANCIAL INTERESTS

PENNSYLVANIA STATE ETHICS COMMISSION (717) 783-1610 • TOLL FREE 1-800-932-0936

PLEASE PRINT NEATLY

01	LAST NAME FIRST NAME MI SUFFIX
	CITUK DAVID M
02	ADDRESS office (business or governmental) or home City Reading State Zip Code Area Code Phone PA 1960 2 (010) 655-6123
N	OTE: IF YOU ARE INCLUDING ATTACHMENTS, DO NOT INCLUDE ANYTHING THAT BEARS YOUR SOCIAL SECURITY NUMBER OR FINANCIAL ACCOUNT NUMBERS.
03	STATUS Check applicable block or blocks, more than one block may be marked. (See instructions on page 2)
	A Candidate (including write-in) C Public Official (Current) D Public Employee (Current) E Check this block if you are filling as a solicitor block if you are filling an original filling
04	PUBLIC POSITION OR PUBLIC OFFICE (administrator, member, Commissioner, job title, etc.)
Α	CITY AUDITOR
	seeking hold held
В	PENSION BOARD MEMBER
05	GOVERNMENTAL ENTITY in which you are/were an Official, Employee, Candidate or Nominee (e.g., dept, agency, authority, borough, board, commission, county, school district, twp, etc.)
Α	CITY OF READING
В	CITY OF READING
06	OCCUPATION OR PROFESSION (This may be the same as block 4) 07 YEAR Indicate calendar year for which form is being filed. SEE INSTRUCTIONS.
	AUDITOR 2014
08	REAL ESTATE INTERESTS (See instructions on page 2) If NONE, check this box.
O9	CREDITORS (See instructions on page 2). Creditor (Name and Address) If NONE, check this box. Name: Address: Address:
10	DIRECT OR INDIRECT SOURCES OF INCOME including (but not limited to) all employment. (See instructions on pg. 2) ONLY IF NONE, (OFFICIAL USE ONLY)
	Name: City of Reading Address: B15 Washington Sty Rug. PA
157	Priority bank Customers Bank Jamey
11	GIFTS (See instructions on page 2) If NONE, check this box.
ſ	Source of Gift Value of Gift VAR 7 70 5
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	BY:
12 _	TRANSPORTATION, LODGING, HOSPITALITY (See instructions on page 2) If NONE, check this box. Value Source (Name and Address)
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	Business (Name and Address) Interest Held Relationship Transferee (Name and Address) Date Transferred
The to the	undersigned hereby affirms that the foregoing information is true and correct to the best of said person's knowledge, information and belief; said affirmation being made subject e penaltiles prescribed by 18 Pa.C.S. §4904 (unsworn falsification to authorities) and the Public Official and Employee Ethics Act, 65 Pa.C.S. §1109(b).
	Haved of Cital
	THIS FORM IS CONSIDERED DEFICIENT IF ANY BLOCK ABOVE IS NOT COMPLETED. MAKE A COPY FOR YOUR RECORDS.

CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* did not exceed \$250.00 during the reporting period.

FILER IDENTIFICATION NUMBER			REPORT FILED ON BEHALF OF	ATE 1. COMMITTEE 2. LOBBYIST 3.
NAME OF FILING COMM	TTEE, CANDIDATE OR LOBBYIS	Dave		
STREET ADORESS	321.5 11	# Street	-	
DIA	Reading		STATE PA	^{ZIP CODE} 1962 —
TYPE-OF.REPOR	51 . J	AUDITON	DISTRICT NO. PARTY Recueing DE	MO. DAY YEAR
6TH TUESDAY PRE-PRIMARY		MO. DAY YEAR	MO. DAY YEAR	FOR OFFICE USE ONLY
2nd friday pre-primary	2. DATES OF REPORTING PERIOD		12 31 14	
30 day post-primary	CASH E	BALANCE AT END	327, 50	73
6TH TUESDAY PRE-ELECTION	1.	ORTING PERIOD: AMOUNT OF FILER'S	\$	
2nd friday pre-election	5. OUTSTA	ANDING DEBTS OR LIAI END OF REPORTING F		BERKS LECTION JAN 27
30 day post-election	6.	AMENDMENT YES	NO C	COUNTY SERVICE PM 4
ANNUAL REPORT		TERMINATION YES	NO .	ALN ALN
statement is f	filed on behalf of a	Candidate, the Cand	or Candidates's Committee, lidate must sign here. st, the Lobbyist must sign he	the Treasurer must sign here.
I SWEAR (OR AFFIR EXCEED TWO HUND	IM) THAT THE AGGREGATE OREO AND FIFTY DOLLARS (RECEIPTS OR DISBURSEMENTS \$250.00) AND THIS REPORT	OR LIABILITIES INCURRED DURING THE SIS, TO THE BEST OF MY KNOWLEDGE AN	REPORTING PERIOD INDICATED ABOVE OID NOT DISERTED BELIEF, THUS, CORRECT AND COMPLETE.
クフナカ	AND SUBSCRIBED BEFORE	16	SIGNATURE OF	PERSON SUBMITTING REPORT
LUM.	ENNSYLVANIASIGNATURI	± 1	16th	PRINTED NAME
A. Thornburg, N	lotary Public Mo.	28 /5 DAY YR.	GIO AREA CODE	587.9957 DAYTIME TELEPHONE NUMBER
y of Reading, Berl ngnission Expires I Masyl Vania associa statement is f	May 23, 2017	Candidate's Authoriz	<u>red Committee,</u> Candidate n	nust sign here.
i swear (or June 3, 193	AFFIRM) THAT TO THE BES 37 (P.L. 1333, No. 320	BT OF MY KNOWLEDGE AND 88) AS AMENDED.	LIEF THIS POLITICAL COMMITTEE HAS NO	T VIOLATED ANY PROVISIONS OF THE ACT OF
SWORN TO A	AND SUBSCRIBED BEFOR	е ме тніѕ .V , 20 <i></i> 5	David Sign.	ATURE OF CANDIDATE
<i>✓</i> ` DA	y OF JANGAR	nku 4		N. C (TUK PRINTED NAME
_ Klik		f //	610	655-6123
MONWEACHHIBS	POPERNIEVEN AINA MO.	23 /5 DAY YR.	AREA CODE	DAYTIME TELEPHONE NUMBER

COMMONWEALTH OF PENNSYLVANIA

CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FILED ON BEHALF OF	DATE COMMITTEE 1. LOBBYIST 3.
NAME OF FILING COMMITTEE, CANDI	DATE OF LOBBYIST A. CITUK		
STREET ADDRESS	. /		
321 5	11th Street	STATE	ZIP CODE
Readin	ġ	PA	19602 —
1 FIFE OF BEFORE	ME OF OFFICE SOUGHT BY CANDIDATE City Auditor	Receding DI	MO. DAY YEAR
6TH TUESDAY PRE-PRIMARY		MO. DAY YEAR	FOR OFFICE USE ONLY
2ND FRIDAY 2. PRE-PRIMARY	DATES OF REPORTING PERIOD MO. DAY YEAR TO	12 31 14	
30 day post-primary	CASH BALANCE AT END	\$ < 1, 869, 45	
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30 day post-election	AMENDMENT YES REPORT?	NO -	ERVICE PIN 4
ANNUAL 7.			רדו
REPORT	TERMINATION YES AFEL	DAVIT SECTION	<u>당</u> 8
PART I - If statement is filed on If statement is filed on If statement is filed on	Dehalf of a Political Committee or Cobehalf of a Candidate, the Candidate behalf of a Contributing Lobbyist, the	DAVIT SECTION andidates's Committee te must sign here, te Lobbyist must sign he	, the Treasurer must sign here.
PART I - If statement is filed on	AFEI behalf of a Political Committee or Com	DAVIT SECTION andidates's Committee te must sign here. te Lobbyist must sign he	, the Treasurer must sign here. ere. REPORTING PERIOD INDICATED ABOVE DID NOT
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PART I - If statement is filed on if swear (or affirm) that the exceed two hundred and exceed two hundred and sworn to and subscript of pay of	Dehalf of a Political Committee or Cobehalf of a Candidate, the Candidate behalf of a Contributing Lobbyist, the Aggregate receipts or disbursements or the Scribed Before me this INTELLIFY DOLLARS (\$250.00) AND THIS REPORT IS, TO CRIBED BEFORE ME THIS AND AND AND THIS REPORT IS, TO CRIBED BEFORE ME THIS NIA SIGNATURE JAY YR. TO THE BEST OF MY KNOWLEDGE AND BELIEF 1333, No. 320) AS AMENDED.	andidates's Committee te must sign here. te L'obbyist must sign he L'ABRUTTES INCURRED QUAING THE OTHE BEST OF MY KNOWLEDGE AT SIGNATURE O APP 1D CO 10 AREA CODE Committee, Candidate THIS POLITICAL COMMITTEE HAS NO	, the Treasurer must sign here. Pere. REPORTING PERIOD INDICATED ABOVE DID NOT NO BELIEF, TRUE, CORRECT AND COMPLETE. PRIOR FERSON SUBMITTING REPORT M. CITUK PRINTED NAME 655-6123 DAYTIME TELEPHONE NUMBER THUST SIGN HERE. DIT VIOLATED ANY PROVISIONS OF THE ACT OF NATURE OF CANDIDATE
PART I - If statement is filed on If swear (or affirm) that the exceed two hundred and for sworn to and subsect to the exceed two hundred and for sworn to and subsect to the exceeding pay of Reading, Berks County ommission Expires May 23, 201 If statement is filed on If swear (or affirm) the exceeding the exceeding statement is filed on If swear (or affirm) the exceeding sworn to and subsections is sworn to and subsections in the exceeding statement is filed on the exceeding sworn to and subsections is sworn to and subsections in the exceeding sworn to and subsections is sworn to and subsections in the exceeding sworn to an	Dehalf of a Political Committee or Cobehalf of a Candidate, the Candidate behalf of a Contributing Lobbyist, the Aggregate receipts or disbursements or introductions (\$250.00) and this report is, to cribe before me this JANUALY 20/5 NIA SIGNATURE 23 20/7 NIA SIGNATURE 23 20/7 VIETE MO. DAY YR. TO THE BEST OF MY KNOWLEDGE AND BELIEF 1333, No. 320) AS AMENDED. CRIBED BEFORE ME THIS	andidates's Committee te must sign here. te L'obbyist must sign he L'ABRUTTES INCURRED QUAING THE OTHE BEST OF MY KNOWLEDGE AT SIGNATURE O APP 1D CO 10 AREA CODE Committee, Candidate THIS POLITICAL COMMITTEE HAS NO	, the Treasurer must sign here. PEPOHTING PERIOD INDICATED ABOVE DID NOT NO BELIEF, TRUE, CORRECT AND COMPLETE. OF PERSON SUBMITTING REPORT M. CITUK PRINTED NAME 655-6123 DAYTIME TELEPHONE NUMBER THUST SIGN HERE. OT VIOLATED ANY PROVISIONS OF THE ACT OF

City of Reading

Candidate Political Committee Form

The reporting of candidate political committees is required by the City of Reading Code of Ethics, Section 12 Campaign Contributions & Reporting Requirements. Section 12 describes the limitations placed on candidates and the reporting requirements of candidates. Section 12 also requires that the formation of a candidate political committee be reported to the City Clerk's office.

If you are unsure about the need to file the Candidate Political Committee Form, please contact the City Clerk's office at 610-655-6204. This form must be filed with the City Clerk's office upon its completion.

Name and Address of Committee:	Friends of Dave	321 S 11 th Street Reading, PA 19602
Name of Candidate:	David M. Citok	<
Bank Account Information of Committee:	Santander Bank	<u> </u>
Treasurer's Name:	Peter B.	Juzyk
Date Formed:	H-19-	1999
Report Prepared By: David M. Co Name: 3/27	tuk	DECEIVED MAR 2 7 2015 BY: MU-12
Date:		

CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.

FILER IDENTIFICATION NUMBER		REPORT FRED ON BEHALF OF	CANDIDATE	1, COMMITTEE	2. LOBBYIST	3.
NAME OF FILING COMMITTEE, CAND	,					
STREET ADDRESS	.18			·· <u>···</u> ······		
321	S 11th Street					
lea .	1.	STATE (i) 1		ZIP CODE		
344	ME OF OFFICE SOUGHT BY CANDIDATE	DISTRICT NO.	PARTY	19602	E OF ELECTIO	TRANS
TYPE OF REPORT (CHECK ONE)	City Auditor	Δ ,				EAR
PRE-PRIMARY				FOR C	OFFICE USE ONLY	
2ND FRIDAY PRE-PRIMARY	DATES OF	5 TO 5 H 15				
30 day post-primary	CASH BALANCE AT END	<u> </u>	3.5	1	2A7	
OTH TUESDAY PRE-ELECTION	OF REPORTING PERIOD: TOTAL AMOUNT OF FILER	's			ELECT FIRM	
2ND FRIDAY PRE-ELECTION 6.	OUTSTANDING DEBTS OR AT THE END OF REPORTI	at the			B KS	30B
30 day post-election 7.	AMENDMENT REPORT?	YES NO			COUNTY SERVIC	*********
ANNUAL REPORT	TERMINATION REPORT?	YES NO		ŀ	1 0ES	
		AFFIDAVIT SECTION				
statement is filed on t statement is filed on t	pehalf of a <u>Political Committ</u> pehalf of a <u>Candidate,</u> the C pehalf of a <u>Contributing Lob</u>	andidate must sign here. byist, the Lobbyist must si	gn here.			
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SWORN TO AND SUBSC	RIBEO BEFORE ME THIS	64				
8th DAY OF	May 20	15 SIGNA	THE OF PERS	ON SUBMITTING R	EPORT	•
MHa a	Monh	Pe	ter 13.	Suzyk		
	SIGNATURE 23 17	60		7- 9957		
MY COMMISSION EXPIR	MO. DAY YR.	AREA CODE		YEOMMORWEAT	*HM&FP PENN:	- SYLV
				N	otarial Seal ornburg, Notan	
RT II - tatement is filed on b	ehalf of a <u>Candidate's Auth</u>	orized Committee, Candid	date must	dian halib of Re	ading, Berks Co on Expires May	unty 23, 20
	AT TO THE BEST OF MY KNOWLEDGE AN 133, No. 320) as amended.	D BELIEF THIS POLITICAL COMMITTEE	HAS NOT VIOLA	ATED ANY PROVISION	S OF THE ACT OF	
SWORN TO AND SUBSCI	RIBED BEFORE ME THIS	#0	wid Il	1. Citus	2	
8th	200	15		OF CANDIDATE		
illkin /	Thunkund	<u>DAVI</u>		CITUK ED NAME	-	
MITE /X	SIGNATURE			5-6123		
MY COMMISSION EXPIRE	MO. DAY YR.	AREA CODE	DA'	YTIME TELEPHONE HTLASWOOMMC	OF PENNSYL	
	Department of State • 303 North Office Building	Bureau of Commissions, Ele Harrisburg, PA 17120-	ections and	Debra A. Thornb	ourg, Notary Pu na. Berks County	iblic /

COMMONWEALTH OF PENNSYLVANIA

CAMPAIGN FINANCE STATEMENT

File this in lieu of a full report *only if* aggregate receipts, expenditures, or liabilities incurred *each* <u>did not exceed \$250.00</u> during the reporting period.

FILER IDENTIFICATION		REPORT FILED	11.
NUMBER	The last of the la	ON BEHALF OF CANDIDATE	COMMITTEE . LOBBYIST
NAME OF FILING COMMITTEE, CAN	M. Cituk		•
STREET ACORESS	(A		
3215	11th Street		
Reading		STATE P	19602 —
TYPE OF REPORT (CHECK ONE)	AME OF OFFICE SOUGHT BY CANDIDATE	Reading DEW	DATE OF ELECTION MO. DAY YEAR
6TH TUESDAY 1	City Auditor	Kedeiny DLI	FOR OFFICE USE ONLY
2ND FRIDAY PRE-PRIMARY 2.	DATES OF REPORTING PERIOD L / ST	5 4 15	10101102 002 0141
30 DAY POST-PRIMARY 6TH TUESDAY 4.	CASH BALANCE AT END OF REPORTING PERIOD:	s < 2, 114.45)	20
PRE-ELECTION 2ND FRIDAY PRE-ELECTION	TOTAL AMOUNT OF FILER'S OUTSTANDING DEBTS OR LIABILI AT THE END OF REPORTING PER	* **** []	RECE BERKS ELECTION 015 MAY 8
30 DAY 6, POST-ELECTION 7.	AMENDMENT YES REPORT?	NO L	S COUNTY 8 PM 1
ANNUAL REPORT	TERMINATION REPORT?	но С	
f statement is filed on	behalf of a <u>Political Committee <i>or</i> C</u> behalf of a <u>Candidate</u> , the Candida behalf of a <u>Contributing Lobbyist</u> , tl	te must sign here.	Treasurer must sign here.
I SWEAR (OR AFFIRM) THAT T	HE AGGREGATE RECEIPTS OR DISBURSEMENTS OR FIFTY DOLLARS (\$250.00) AND THIS REPORT IS, T	LIABILITIES INCURRED DURING THE REPOR	
	CRIBED BEFORE ME THIS	Tours	M. Citak
8th pay of 7	May 20/5	SIGNATURE OF PER	SON SUBMITTING REPORT
LUHA A	Janhan J SIGNATURE		TED NAME
MY COMMISSION EXPIR	ん める ノフ		655-6123 AYTIME TELEPHONE NUMBER COMMONWEALTH OF PENNSYLVAN
ļ	pehalf of a <u>Candidate's Authorized</u>	Committee, Candidate must	Notarial Seal Debra A. Thornburg, Notary Public Sign he@by of Reading, Berks County My Commission Expires May 23, 2017
JUNE 3, 1937 (P.L. 1	HAT TO THE BEST OF MY KNOWLEDGE AND BELIEF 333, No. 320) AS AMENDED.	THIS POLITICAL COMMITTEE HAS NOT VIOL	ATED ANY PROVISIONS OF THE ACT UP OF NOTA
SWORN TO AND SUBSC	CRIBED BEFORE ME THIS	A DALLA YURA	E OF CANDIDATE
DAY OF	20	SIGNATUHE	- Gr CARDIDATO
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